

INSTRUCTIONS FOR APPLYING FOR A PROSTHODONTIC SPECIALTY LICENSE BY EXAMINATION

Your specialty application must be accompanied by a check in the amount of \$60.00 payable to the Kentucky Board of Dentistry. The completed application and fee must be on file and your case histories must be received in the Board office at least thirty (30) days prior to the examination date or you will not be eligible to take the examination.

The specialty examination is administered at the Kentucky Board of Dentistry, 312 Whittington Pkwy, Suite 101, Louisville, KY 40222. You should report at _____. The next examination will be administered on _____.

QUALIFICATIONS FOR APPLYING FOR SPECIALTY LICENSURE

1. You must possess satisfactory moral and ethical standing in the dental profession.
2. You must be currently licensed to practice dentistry in the Commonwealth of Kentucky.
3. Once you obtain your specialty license, you must limit your practice to that particular specialty.
4. You must submit satisfactory evidence to the Board that you have completed a period of not less than two (2) years study in graduate or post graduate courses after graduation from an accredited dental school.
5. You must meet the minimum requirements for membership in the respective American specialty organizations recognized by the American Dental Association.

REQUIREMENTS FOR PROSTHODONTIC CASE REPORTS:

The report will cover patient presentation, general Prosthodontics and related dental sciences. Successful completion of this examination will require acceptable performance by the candidate in all three categories.

Candidates must submit a patient history and treatment record of a patient for whom the required fabrication of at least two partial dentures involving the maxilla and/or the mandible has been completed. One of the partial dentures must be a removable partial denture of any classification and the other must be fixed. The fixed partial denture may be retained by natural teeth or by implants. If both of the required prostheses are in the same arch, the opposing arch may include (1) an appropriately restored natural dentition which may or may not incorporate fixed or removable partial dentures; (2) a complete denture or overdenture or; (3) an implant prosthesis. The patient treatment may have been provided during the candidate's prosthodontic training program.

FORMAT FOR PRESENTATION:

A narrative must accompany each patient presentation. The typed narrative must be legible, double spaced and must not exceed eight (8 ½"X 11") inch pages. To promote readability, 10 point font size or larger is required with no kerning. Font styles like Geneva or Helvetica should be used.

The following aspects of therapy must be described in the order given:

Page 1: History and chief complaint

Page 2: Clinical findings

Page 3: Diagnosis

Page 4: Treatment plan and prognosis

Page 5: Treatment

Page 6: Treatment

Page 7: Treatment (if needed)

Page 8: Instructions to patient and Post-treatment therapy

In addition to the narrative, the candidate must include:

1. Pre-treatment Records

- (a) A complete periapical radiograph series made prior to therapy (original radiographs only)
- (b) Pre-treatment casts. If the patient has removable prostheses prior to treatment, casts should be presented with and without the prostheses in place. The casts without the prosthesis in place should be mounted.
- (c) Pre-treatment photographs (no transparencies accepted) should be 3 ½"x 5". Photographs must clearly show at least:
 - Teeth in maximum intercuspation
 - Teeth in right and left working and non-working positions (frontal and lateral views)
 - Teeth in protrusion (frontal and lateral views)
 - Occlusal views of maxillae and mandible

If patient has removable prostheses prior to treatment, photographs should be made with and without the prostheses in place.

Photographs shall be properly exposed, printed and positioned to visually augment the narrative sequence. An appropriate descriptive legend should accompany each photograph.

2. Post-treatment Records

- (a) A complete periapical radiographic series made after completion of therapy (original radiographs only).
- (b) Mounted casts with the prostheses in place
- (c) Post-treatment photographs of the same size as the pre-treatment photographs and showing the same views. Photographs should be made with and without removable prostheses in place.

3. Casts with the diagnostic wax patterns, if used.

4. Casts and dies used in fabrication the fixed restorations.

5. Duplicate master cast(s) showing the design of the removable partial dentures(s).

Indicator tabs must be placed on pages 1-8 to facilitate location of these pages.

Radiographs must be of diagnostic quality and easily removable from the book. Pre-treatment radiographs must follow page one and Post-treatment radiographs must follow page eight. Pages containing radiographs must follow page eight. Pages containing radiographs must also have indicator tabs.

No unnecessary material such as auxiliary name plates, table drapes, mounting or display stands may be used.

Patient presentation books should be direct and unembellished. Engrossing, custom printing, etc. are not appropriate. All material presented must be easily accessible for evaluation and not affixed to any board or backing. To facilitate visualization, loose-leaf page protectors should be of the non-glare type. Casts should not be treated with any material which will alter their accuracy. Sprays, lacquers, etc. are not appropriate.

Candidates failing to adhere to these guidelines may be rejected for examination, with fees forfeited. It is the intent of the Board to ensure that all candidates receive fair and equal consideration, based upon the merit of the philosophy and accomplishment of the procedures presented, and not upon extraneous material or elaborate presentation.

Any personal data in conflict with the Privacy Act, i.e., the patient's name, address and social security number will not be used in the presentations; however, the age, sex and race of the patient should be included. Full-face photographs that could identify the patient must have the eyes blocked out or a clearance document presented that includes the patient's written permission to use a full-face photograph.

Candidates are required to perform all clinical Prosthodontic and laboratory procedures for the patient with one exception. Services of a dental laboratory technician may be employed to fabricate the removable partial denture framework, following a properly executed work authorization order. A copy of the work authorization must be included in the narrative portion of the patient presentation. Violation of this requirement will lead to disqualification of the candidate from the examination.

The candidate should be prepared to make a defense of the patient treatment during the oral examination.

All information is to be submitted to the Board two weeks prior to the written and oral examination.

WRITTEN AND ORAL EXAMINATIONS

Written examination questions will cover the entire phase of Prosthodontics. The oral examination may stem from the case reports and general prosthodontics and related dental sciences, which may be tape recorded.

**FOR FURTHER INFORMATION PLEASE CONTACT:
KENTUCKY BOARD OF DENTISTRY
312 WHITTINGTON PKWY, SUITE 101
LOUISVILLE, KENTUCKY 40222**